

**CONTRACT #15
RFS # 318.65-128
FA-04-15757-00**

**Department of Finance &
Administration
Bureau of TennCare**

**VENDOR:
First Health Services
Corporation**



STATE OF TENNESSEE
BUREAU OF TENNCARE
310 Great Circle Road
NASHVILLE, TENNESSEE 37243

RECEIVED
APR 15 2008
FISCAL REVIEW

April 11, 2008

Mr. Jim White, Director
Fiscal Review Committee
8th Floor, Rachel Jackson Bldg.
Nashville, TN 37243

Attention: Ms. Leni Chick

RE: Bureau of TennCare
Contract Amendment Submitted for Fiscal Review

Dear Mr. White:

The Department of Finance and Administration, Bureau of TennCare, is submitting for consideration by the Fiscal Review Committee amendment #6 to the contract between TennCare and First Health Services Corporation for the provision of Point of Sale Pharmacy Claims Processing and Preferred Drug List Development and Management. This competitively bid contract currently has an end date and rates that go through June 30, 2008. Over the past few months TennCare has developed and released an RFP to competitively award the new Pharmacy Benefits manager contract. The new contract will be awarded in late April with the contract start date, as well as readiness review scheduled to become effective May 1, 2008. Due to the complexity of services and provision of adequate service transition, the new contractor will not actually assume delivery of services until October 1, 2008. In an effort to ensure total coverage of services until the new contract is awarded and services implemented, TennCare is amending the current contract to extend the term to September 30, 2008. No additional funds are associated with this amendment.

The Bureau of TennCare would greatly appreciate the consideration and approval of this amendment by the Fiscal Review Committee.

Sincerely,

Scott Pierce
Chief Financial Officer

cc: Darin J. Gordon, Deputy Commissioner
Alma Chilton, Contract Coordinator

REQUEST: NON-COMPETITIVE AMENDMENT

APPROVED
Commissioner of Finance & Administration Date:

EACH REQUEST ITEM BELOW MUST BE DETAILED OR ADDRESSED AS REQUIRED

1) RFS #	318.65-128	
2) State Agency Name	Department of Finance and Administration, Bureau of TennCare	
EXISTING CONTRACT INFORMATION		
3) Service Caption	Point (POS) Pharmacy Claims Processing and Preferred Drug List Development and Management	
4) Contractor	First Health Services Corporation	
5) Contract #	FA-04-15757-00	
6) Contract Start Date		January 1, 2004
7) Current Contract End Date IF all Options to Extend the Contract are Exercised		June 30, 2008
8) Current Total Maximum Cost IF all Options to Extend the Contract are Exercised		\$37,900,000.00
PROPOSED AMENDMENT INFORMATION		
9) Proposed Amendment #		6
10) Proposed Amendment Effective Date <small>(attached explanation required if date is < 60 days after F&A receipt)</small>		July 1, 2008
11) Proposed Contract End Date IF all Options to Extend the Contract are Exercised		September 30, 2008
12) Proposed Total Maximum Cost IF all Options to Extend the Contract are Exercised		\$37,900,000.00
13) Approval Criteria <small>(Select one)</small>	<input checked="" type="checkbox"/>	use of Non-Competitive Negotiation is in the best interest of the state
	<input type="checkbox"/>	only one uniquely qualified service provider able to provide the service
14) Description of the Proposed Amendment Effects & Any Additional Service		

Per language in the Request for Proposal and eventual awarded contract, TennCare has the option to extend this contract for an additional period(s) of time to continue the current services provided by the Contractor. This amendment will extend the contract for a three month period of time at which time TennCare will have released RFP and awarded a new contract to provide Pharmacy Management and Preferred Drug List services. The payment rates established in the previous referenced RFP will remain in effect for the duration of the contract. There are no additional dollars associated with this amendment.

15) Explanation of Need for the Proposed Amendment :

This competitively bid contract currently has an end date and rates that go through June 30, 2008. Over the past few months TennCare has developed and released an RFP to competitively award the new Pharmacy Benefits manager contract. The new contract will be awarded in late April with the contract start date, as well as readiness review scheduled to be effective May 1, 2008. Due to the complexity of services and to provide for adequate transition of services, the new contractor will not actually assume delivery of services until October 1, 2008. Therefore TennCare is amending the current contract to extend to September 30, 2008 to ensure total coverage of services until the new contract is awarded and totally assumes responsibilities of current contractor.

16) Name & Address of Contractor's Current Principal Owner(s) :
(not required if proposed contractor is a state education institution)

First Health Services Corp.
Teresa R. DiMarco, President
4300 Cox Road
Glen Allen, VA 23060

17) Documentation of Office for Information Resources Endorsement :
(required only if the subject service involves information technology)

select one: Documentation Not Applicable to this Request Documentation Attached to this Request

18) Documentation of Department of Personnel Endorsement :
(required only if the subject service involves training for state employees)

select one: Documentation Not Applicable to this Request Documentation Attached to this Request

19) Documentation of State Architect Endorsement :
(required only if the subject service involves construction or real property related services)

select one: Documentation Not Applicable to this Request Documentation Attached to this Request

20) Description of Procuring Agency Efforts to Identify Reasonable, Competitive, Procurement Alternatives :

This contractor was identified as a result of Request for Proposal (RFP), a competitive process initiated by the Department of Finance and Administration, Bureau of TennCare. These amended changes are brought about as a result of approaching contract end date and the need to continue for additional period of time.

21) Justification for the Proposed Non-Competitive Amendment :

First Health Services Corporation was identified by competitive means as the contractor to provide Point of Sale (POS) Pharmacy Claims Processing and Preferred Drug List Development and Management. The changes in this amendment will provide extension of term as well as monthly rates to support this extension. This amendment does not necessitate any additional dollars. The Bureau of TennCare would appreciate the approval of this amendment by the Department of Finance and Administration.

REQUESTING AGENCY HEAD SIGNATURE & DATE :

(must be signed & dated by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OOR—signature by an authorized signatory will be accepted only in documented exigent circumstances)



Agency Head Signature



Date

**AMENDMENT #6 TO FA 04-15757-00,
THE CONTRACT
BETWEEN THE STATE OF TENNESSEE,
DEPARTMENT OF FINANCE AND ADMINISTRATION,
BUREAU OF TENNCARE
AND
FIRST HEALTH SERVICES CORPORATION**

This Amendment, by and between the State of Tennessee, Department of Finance and Administration, TennCare Bureau hereinafter referred to as the "State" or "TennCare" and First Health Services Corporation, hereinafter referred to as the "Contractor," is for the provision of Pharmacy Management and Preferred Drug List Services, as further defined in the "SCOPE OF SERVICES" is amended as follows:

1. Delete Section B.1 in its entirety and replace with the following:
 - B.1. **Contract Term.** This Contract shall be effective for the period commencing on January 1, 2004 and ending on September 30, 2008. The State shall have no obligation for services rendered by the Contractor which are not performed within the specified period.

2. Delete Section C.3. in its entirety and replace with the following:
 - C.3. **Payment Methodology.** The Contractor shall be compensated based on the Service Rates herein for units of service authorized by the State in a total amount not to exceed the Contract Maximum Liability established in Section C.1. The Contractor's compensation shall be contingent upon the satisfactory completion of units of service or project milestones defined in Section A. The Contractor shall be compensated based upon the following Service Rates:

Monthly Fee Year 1 \$484,500.00
Monthly Fee Year 2 \$346,750.00
Monthly Fee Year 3 \$351,500.00 (01/01/2006 – 06/30/2006) \$297,900.00 (07/01/2006 – 12/31/2006)
Monthly Fee Year 4 \$297,900.00 (01/01/2007 – 12/31/2007)
Monthly Fee Year 5 \$305,347.00 (01/01/2008 – 09/30/2008)

In addition to the monthly fee, TennCare will compensate the Contractor as provided herein in accordance with specified rates in Attachment B (Revised) and Attachment C. The Contractor shall submit monthly invoices, in form and substance acceptable to the State with all of the necessary supporting documentation, prior to any payment. Such invoices shall at a minimum, include:

the numbers and types of pharmacy claims adjudicated; separately itemized actual payments made to pharmacy service providers for each pharmacy claim adjudicated; subtotal for all pharmacy claims adjudicated; subtotal of all actual payments; the comprehensive monthly fee in effect, and the total amount due to the Contractor for the period involved.

The revisions set forth herein shall be effective July 1, 2008. All other terms and conditions not expressly amended herein shall remain in full force and effect.

IN WITNESS WHEREOF:

FIRST HEALTH SERVICES CORPORATION:

Charles W. Byrd, Jr., Chief Financial Officer

Date

**DEPARTMENT OF FINANCE AND ADMINISTRATION
BUREAU OF TENNCARE:**

M. D. Goetz, Jr., Commissioner

Date

APPROVED:

DEPARTMENT OF FINANCE AND ADMINISTRATION:

M. D. Goetz, Jr., Commissioner

Date

COMPTROLLER OF THE TREASURY:

John G. Morgan, Comptroller of the Treasury

Date



**GENERAL ASSEMBLY OF THE STATE OF TENNESSEE
FISCAL REVIEW COMMITTEE**

320 Sixth Avenue, North – 8th Floor
NASHVILLE, TENNESSEE 37243-0057
615-741-2564

Rep. Charles Curtiss, Chairman

Representatives

Curt Cobb
Curtis Johnson
Gerald McCormick
Mary Pruitt
Craig Fitzhugh, *ex officio*
Speaker Jimmy Naifeh, *ex officio*

Donna Rowland
David Shepard
Curry Todd
Eddie Yokley

Sen. Douglas Henry, Vice-Chairman

Senators

Doug Jackson
Bill Ketron
Paul Stanley
Randy McNally, *ex officio*
Lt. Governor Ron Ramsey, *ex officio*

Reginald Tate
Jamie Woodson

M E M O R A N D U M

TO: The Honorable Dave Goetz, Commissioner
Department of Finance and Administration

FROM: Charles Curtiss, Chairman, Fiscal Review Committee
Bill Ketron, Chairman, Contract Services Subcommittee *cc Bk*

DATE: July 31, 2007

SUBJECT: **Contract Comments**
(Contract Services Subcommittee Meeting 7/31/07)

RFS# 318.65-128

Department: Finance & Administration/Bureau of TennCare

Contractor: First Health Services Corporation

Summary: This vendor is responsible for Point of Sale (POS) pharmacy claims processing and Preferred Drug List development and management. The proposed amendment extends the current contract for six additional months at a reduced payment rate in order for the Bureau to have time to award a new contract through the RFP process.

Maximum liability: \$37,900,000

Maximum liability w/amendment: \$37,900,000

After review, the Fiscal Review Committee voted to recommend approval of the contract amendment.

cc: The Honorable Darin Gordon, Deputy Commissioner
Mr. Robert Barlow, Director, Office of Contracts Review

C O N T R A C T S U M M A R Y S H E E T

021406

RFS #		Contract #	
318.65-128		FA-04-15757-05	
State Agency		State Agency Division	
Department of Finance and Administration		Bureau of TennCare	
Contractor Name		Contractor ID # (FEIN or SSN)	
First Health Services Corporation		<input type="checkbox"/> C- or <input checked="" type="checkbox"/> V- 540849793 03	
Service Description			
Point of Sale (POS) Pharmacy Claims Processing and Preferred Drug List Development and Management			
Contract Begin Date	Contract End Date	SUBRECIPIENT or VENDOR?	CFDA #
January 1, 2004	June 30, 2008	Vendor	93.778 Dept. of Health & Human Services/Title XIX

Mark Each TRUE Statement			
<input checked="" type="checkbox"/> Contractor is on STARS		<input checked="" type="checkbox"/> Contractor's Form W-9 is on file in Accounts	
Allotment Code	Cost Center	Object Code	Fund
318.65	073	134	11
FY	State	Federal	TOTAL Contract Amount
2004	\$1,453,500.00	\$1,453,500.00	\$2,907,000.00
2005	\$4,757,822.00	\$4,757,822.00	\$9,515,644.00
2006	\$8,487,366.00	\$8,487,366.00	\$16,974,732.00
2007	\$2,775,350.00	\$2,775,350.00	\$5,550,700.00
2008	\$1,475,962.00	\$1,475,962.00	\$2,951,924.00
TOTAL	\$18,950,000.00	\$18,950,000.00	\$37,900,000.00

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JUL 18 2007

FISCAL REVIEW

— COMPLETE FOR AMENDMENTS ONLY —			State Agency Fiscal Contact & Telephone #
FY	Base Contract & Prior Amendments	THIS Amendment ONLY	Scott Pierce 310 Great Circle Road Nashville, TN 37228-1752 (615) 507-6415
2004	\$2,907,000.00	0	State Agency Budget Officer Approval
2005	\$9,515,644.00	0	
2006	\$16,974,732.00	0	
2007	\$5,550,700.00	0	
2008	\$2,951,924.00	0	
TOTAL	\$37,900,000.00	0	Funding Certification (certification required by T.C.A. § 9-4-5113 that there is a balance in the appropriation from which the obligated expenditure is required to be paid that is not otherwise encumbered to pay obligations previously incurred)
End Date	12/31/2007	06/30/2008	

Contractor Ownership (complete only for base contracts with contract # prefix FA or GR)

African American
 Person w/ Disability
 Hispanic
 Small Business
 NOT minority/disadvantaged
 Asian
 Female
 Native American
 OTHER minority/disadvantaged—

Contractor Selection Method (complete for ALL base contracts— N/A to amendments or delegated authorities)

RFP
 Competitive Negotiation
 Alternative Competitive Method
 Non-Competitive Negotiation
 Negotiation w/ Government (e.g., ID, GG, GU)
 Other

Procurement Process Summary (complete for selection by Alternative Method, Competitive Negotiation, Non-Competitive Negotiation, OR Other)

CONTRACT SUMMARY SHEET

RFS Number:	318.65-128	Contract Number:	FA-04-15757-04
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor:		Contractor Identification Number:	
First Health Services Corporation		<input checked="" type="checkbox"/> V- <input checked="" type="checkbox"/> C-	540849793 03

Service Description:

Point of Sale (POS) Pharmacy Claims Processing and Preferred Drug List Development and Management

Contract Begin Date:	Contract End Date:
January 1, 2004	December 31, 2007

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.65	073	134	11	<input checked="" type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2004	\$1,453,500.00	\$1,453,500.00			\$2,907,000.00
2005	\$4,757,822.00	\$4,757,822.00			\$9,515,644.00
2006	\$8,487,366.00	\$8,487,366.00			\$16,974,732.00
2007	\$2,775,350.00	\$2,775,350.00			\$5,550,700.00
2008	\$1,475,962.00	\$1,475,962.00			\$2,951,924.00
Total	\$18,950,000.00	\$18,950,000.00			\$37,900,000.00

CFDA #	93.778 Department of Health & Human Services Title XIX	Check the box ONLY if the answer is YES.
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State Fiscal Contact		
Name:	Scott Pierce	Is the Contractor a SUBRECIPIENT? (per OMB/A-133)
Address:	310 Great Circle Road Nashville, TN	Is the Contractor a VENDOR? (per OMB/A-133) <input checked="" type="checkbox"/>
Phone:	(615) 507-6415	Is the Fiscal Year Funding STRICTLY LIMITED?

Procuring Agency Budget Officer Approval Signature	Is the Contractor on STARS? <input checked="" type="checkbox"/>
	Is the Contractor's FORM W-9 ATTACHED?
	Is the Contractor's Form W-9 Filed with Accounts? <input checked="" type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →	12/31/2006	12/31/2007	
FY: 2004	\$2,907,000.00		
FY: 2005	\$9,515,644.00		
FY: 2006	\$16,974,732.00		
FY: 2007	\$8,502,624.00	<\$2,951,924.00>	
FY: 2008		+\$2,951,924.00	
Total:	\$37,000,000.00	0	

CONTRACT SUMMARY SHEET

RFS Number	318.65-128	Contract Number	FA-04-15757-03
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	Contractor Identification Number
First Health Services Corporation	<input checked="" type="checkbox"/> V- <input checked="" type="checkbox"/> C-
540849793 03	

Service Description

Point of Sale (POS) Pharmacy Claims Processing and Preferred Drug List Development and Management

Contract Begin Date	Contract End Date
January 1, 2004	December 31, 2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.65	073	134	11	<input checked="" type="checkbox"/> on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2004	\$1,453,500.00	\$1,453,500.00			\$2,907,000.00
2005	\$4,757,822.00	\$4,757,822.00			\$9,515,644.00
2006	\$8,487,366.00	\$8,487,366.00			\$16,974,732.00
2007	\$4,251,312.00	\$4,251,312.00			\$8,502,624.00
Total:	\$18,950,000.00	\$18,950,000.00			\$37,900,000.00

CFDA#	93.778 Department of Health & Human Services Title XIX	Check the box ONLY if the answer is YES
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State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB/A-133)	
Name	Scott Pierce	<input type="checkbox"/>	
Address	310 Great Circle Road Nashville, TN	<input type="checkbox"/>	
Phone	(615) 507-6415	<input type="checkbox"/>	
Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS?	
		<input checked="" type="checkbox"/>	
		Is the Contractor's FORM W-9 ATTACHED?	
		<input type="checkbox"/>	
		Is the Contractors Form W-9 Filed with Accounts?	
		<input checked="" type="checkbox"/>	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
END DATE →	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
	12/31/2006		
FY: 2004	\$2,907,000.00		
FY: 2005	\$9,515,644.00		
FY: 2006	\$16,974,732.00		
FY: 2007	\$8,502,624.00		
FY:			
Total:	\$37,910,000.00	0	

CONTRACT SUMMARY SHEET

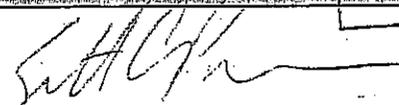
RFS Number:	318.65-128	Contract Number:	FA-04-15757-02
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contractor Identification Number	
First Health Services Corporation		X V- C-	540849793 03

Service Description:
Point of Sale (POS) Pharmacy Claims Processing and Preferred Drug List Development and Management

Contract Begin Date:	Contract End Date:
January 1, 2004	December 31, 2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.65	073	134	11	X on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2004	\$1,453,500.00	\$1,453,500.00			\$2,907,000.00
2005	\$4,757,822.00	\$4,757,822.00		OCR RELEASED	\$9,515,644.00
2006	\$8,487,366.00	\$8,487,366.00		MAY 17 2005	\$16,974,732.00
2007	\$4,251,312.00	\$4,251,312.00		TO ACCOUNTS	\$8,502,624.00
Total	\$18,950,000.00	\$18,950,000.00			\$37,900,000.00

CFDA#	93.778 Department of Health & Human Services Title XIX	Check the box ONLY if the answer is YES.
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name	Scott Pierce	Is the Contractor a VENDOR? (per OMB A-133)
Address	729 Church Street	Is the Fiscal Year Funding STRICTLY LIMITED?
Phone	Nashville, TN (615) 532-1362	Is the Contractor on STARS?
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?
		Is the Contractor's Form W-9 Filled with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)		
END DATE	Base Contract & Prior Amendments	This Amendment ONLY
12/31/2006		
FY: 2004	\$2,907,000.00	
FY: 2005	\$5,387,100.00	\$4,128,544.00
FY: 2006	\$4,589,100.00	\$12,385,632.00
FY: 2007	\$2,309,800.00	\$6,192,824.00
FY:		
Total	\$15,193,000.00	\$22,707,000.00

Funding Certification
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

MAY 20 2005

DIRECTOR OF ACCOUNTS

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2005 MAY -4 AM 11:43

CONTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES

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MAY 19 9 11 AM '05

CONTRACT SUMMARY SHEET

RES Number:	318.65-128	Contract Number:	FA-04-15757-01
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor:	Contractor Identification Number:				
First Health Services Corporation	<table border="1" style="margin: auto;"> <tr> <td style="padding: 2px;">X</td> <td style="padding: 2px;">V-</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;">C-</td> </tr> </table>	X	V-		C-
X	V-				
	C-				
	540849793 03				

Service Description:
Point of Sale (POS) Pharmacy Claims Processing and Preferred Drug List Development and Management

Contract Begin Date:	Contract End Date:
January 1, 2004	December 31, 2006

Allotment Code:	Cost Center:	Object Code:	Fund:	Grant:	Grant Code:	Subgrant Code:
318.65	073	134	11	X on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2004	\$1,453,500.00	\$1,453,500.00			\$2,907,000.00
2005	\$2,693,550.00	\$2,693,550.00			\$5,387,100.00
2006	\$2,294,550.00	\$2,294,550.00			\$4,589,100.00
2007	\$1,154,900.00	\$1,154,900.00			\$2,309,800.00
Total	\$7,596,500.00	\$7,596,500.00			\$15,193,000.00

GEDA#: 93.778

State/Fiscal Contact	Check the box ONLY if the answer is YES
Name: Dean Daniel Address: 729 Church Street City: Nashville, TN Phone: (615) 532-1362	Is the Contractor a SUBRECIPIENT? (per OMB A-133) <input checked="" type="checkbox"/>
	Is the Contractor a VENDOR? (per OMB A-133) <input type="checkbox"/>
	Is the Fiscal Year Funding STRICTLY LIMITED? <input type="checkbox"/>
Procuring Agency Budget Officer Approval Signature 	Is the Contractor on STARS? <input checked="" type="checkbox"/>
	Is the Contractor's FORM W-9 ATTACHED? <input type="checkbox"/>
	Is the Contractor's Form W-9 Filed with Accounts? <input checked="" type="checkbox"/>

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification	
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.	
END DATE →	12/31/2006			
FY: 2004	\$2,907,000.00			
FY: 2005	\$4,987,500.00	\$399,600.00		
FY: 2006	\$4,189,500.00	\$399,600.00		
FY: 2007	\$2,109,000.00	\$200,800.00		
Total:	\$14,193,000.00	\$1,000,000.00		

PROCESSED

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2004 DEC 21 PM 3:05
 STATE OF TENNESSEE
 DEPARTMENT OF REVENUE
 FINANCIAL SERVICES

CONTRACT SUMMARY SHEET

RFS Number:	318.65-128	Contract Number:	FA-04-15757-00
State/Agency:	Department of Finance and Administration	Division:	Bureau of TennCare

Contractor:	Contractor Identification Number:
First Health Services Corporation	X V- C- 540849793 03

Service Description

Point of Sale (POS) Pharmacy Claims Processing and Preferred Drug List Development and Management

Contract Begin Date:	Contract End Date:
January 1, 2004	December 31, 2006

Allotment Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.65	073	134	11	X on STARS		

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2004	\$1,453,500.00	\$1,453,500.00			\$2,907,000.00
2005	\$2,493,750.00	\$2,493,750.00			\$4,987,500.00
2006	\$2,094,750.00	\$2,094,750.00			\$4,189,500.00
2007	\$1,054,500.00	\$1,054,500.00			\$2,109,000.00
Total	\$7,096,500.00	\$7,096,500.00			\$14,193,000.00

GFDA #	93.778	Check the box ONLY if the answer is YES
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State Fiscal Contact	Is the Contractor a SUBRECIPIENT? (per OMB A-133)
Name: Dean Daniel Address: 729 Church Street Phone: Nashville, TN (615) 532-1362	Is the Contractor a VENDOR? (per OMB A-133)
	Is the Fiscal Year Funding STRICTLY LIMITED?
	Is the Contractor on STARS?
Procuring Agency Budget Officer Approval Signature	Is the Contractor's FORM W-9 ATTACHED?
11/17/03	Is the Contractor's Form W-9 Filled with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)		
END DATE →	Base Contract & Prior Amendments	This Amendment ONLY
FY:		
Total:		

Funding Certification

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

APPROVED

DEC 15 2003

DIRECTOR OF ACCOUNTS

RECEIVED

03 NOV 29 AM 11:28

COMPTROLLER'S OFFICE
OFFICE OF
MANAGEMENT SERVICES